

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/780,144
	Filing Date	February 17, 2004
	First Named Inventor	Aaron Sauve
	Group Art Unit	2132
	Confirmation Number	2246
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Kim, Jung W.
	Attorney Docket Number	307917.01

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (19 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 months; \$460.00 fee) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>CERTIFICATE OF MAILING OR TRANSMISSION</u> <u>(Under 37 CFR § 1.8(a))</u> I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below: <u>March 26, 2008</u> <u>/Noemi Tovar/</u> Date Signature <u>Noemi Tovar</u> Printed Name		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.

SIGNATURE OF ATTORNEY OR AGENT					
Signature	/Aaron C. Chatterjee/		Reg. No.	41,398	
Name of Attorney or Agent			Aaron C. Chatterjee		
Date	March 26, 2008	Tel.	(425) 706-7453	Facsimile No.	(425) 708-5046
Assignee Name:			MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:			22971		